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APPLICANTS

Jacob L. Guedalia, Newton, MA;
 David Guedalia, Beit Shemesh, ISRAEL;
 Josh Guedalia, Beit Shemesh, ISRAEL;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 14	TOTAL CLAIMS 215	INDEPENDENT CLAIMS 42
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

022468

TITLE

METHOD AND SYSTEM FOR VOICE MESSAGING

FILING FEE RECEIVED 4581	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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